



City of Boston Grant Application Packet Cover Sheet

Part I – To be completed by the Sponsoring Department:

Applicant Department: _____

Estimated Grant Amount: \$ _____

City Match/In-Kind Funds and Sources: \$ _____

Grant Standing: (Please check one)

- ☐ The above named grant program is new to this Department
- ☐ This above named grant program is a renewal/continuation of an existing grant held by this Department

Grantor: _____

Program Name: _____

CFDA#: _____

Pass Through Agency: _____

Grantor Application Deadline: ____/____/____

Grant Start/End Dates:

From ____/____/____ to ____/____/____

Other City Departments/Quasi-City Agencies Applying for this Grant: _____

Internal/External Partners: _____

The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the coordination and management of any funds awarded to the City under this Grant, and will adhere to any policies and procedures set forth by the Grantor and its related agencies or agents, as well as those of the City, and its financial and administrative departments. To that end, please find enclosed the following items for initial review:

- ☐ A copy of the Grant Application Instructions/Guidelines, as supplied by the Grantor/Pass Through Agency
- ☐ The original, completed, signed Application
- ☐ All attachments, back-up documentation, or amendments to be submitted to the Grantor in support of the application
- ☐ [Grant Application Abstract](#)
- ☐ [Letter of Request for City Council Order to Expend](#)
- ☐ [City Council Order Draft](#)

Department Grant/Program Manager Name and Phone Number: _____

Department Head/Designee Printed Name

Department Head/Designee Signature & Date

Part II – To be completed by the Auditing Department:

The Auditing Department, in conjunction with the Office of Intergovernmental Relations and the Office of Budget Management, has reviewed the application as detailed above, and the application is:

- ☐ **Provisionally Approved:** The Application may be submitted to the Grantor. Special Revenue Tracking ID#: _____
- ☐ **Follow Up Required:** Further information or amendments are required. (See 'Comments' Below)
- ☐ **Denied:** (See 'Comments' Below)

City Auditor/Designee Signature and Date

Comments: